U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved and Budget No 1215-0188 Expires 11 30 2006

Office of Management

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8 684	2 Fiscal Year Covered From
	01 /01/2004Through 12/31/2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name WALTER L. FRENCh	Name Plumbers + Pipefillers # 409
	Labor Organization File Number 0/2 - 440
PO Box Bidg Room No Ifany	PO Box Building and Room Number if any
Street 3710 BROAD ST.	Street, 3710 BROAD 5+
CIN SAN LUIS Obispo	City SAN Luis Obispo
State CA ZIP Code + 4 93 40 1	State CA ZIP Code + 4 93401
5 Position in labor organization BUSINESS A	

Enter appropriate data below if during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name	ne (fany)	7 a. Nature of Interest, Transaction or Income
Name		
Trade Name if any		
PO Box Bldg Room No if any		
		7 b Amount.
Street		
City		
State ZIP Code	e + 4	

15 Signature and vertication The undersigned decisies under penalty of Perjury and other applicable penalties of the law that all of the information
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the
undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)
•

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (Including trade name, if any)	9 Business deats with	
Name Paul, Hankey + Harley LLP  Trade Name if any  PO Box, Bldg Room No if any  Street 57/6 CORSA Ave  City West lake Village  State CA ZIP Code +4 9/362	b. Trust c. Employer	
10 If 9 b or 9 c. is checked give trust or employer's name.	11 a Nature of such dealing	
Name		
Trade Name, if any	Members for Asbestos	
PQ Box, Bidg: Room No. If any	Related Claims	
Street	11 b Approximate dollar value of such dealing	
City	12 a Nature of interest held or income received	
State ZIP Code + 4	Gift Centificates	
-14 14	XMAS	
, ,		
	12 b Amount. \$ 150	

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14 a. Nature of payment.	
Name		
:Trade Name, if any	•	
PO Box Bidg Room No if any		
Street	A the late income race we	
City	Har waite of suct. 24.3	
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.	

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